

"FEE ADDRESS" INDICATION FORM

Address to:
Mail Stop M Correspondence
Director of the U.S. Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the following address:

Michael Brandt
Lam Research Corporation
4650 Cushing Parkway
Fremont, California 94538

Payor Number 27787

Payor's Telephone No.: (510) 572-1952

in the following listed application(s) or patent(s) for which the Issue Fee has been paid.

PATENT NUMBER (if known)

APPLICATION NUMBER
09/788,365

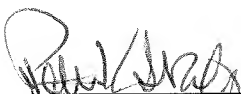
(Check one)

- ☐ Applicant/Inventor
- ☒ Attorney or Agent of record
- ☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

- ☐ Assignment recorded at Reel _____, Frame _____

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.

- ☒ *Total of 1 forms are submitted.



Signature

Peter K. Skiff

Typed or printed name

703.836.6620

Customer's telephone number

July 22, 2010

Date